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## **Bath Papers in International Development and Wellbeing**

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### **Moralities of Wellbeing**

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**Moralities of Wellbeing**

**Sarah C. White**

**Abstract:**

This paper is a lightly edited transcript of Sarah's Inaugural Professorial Lecture on April 25, 2018. It draws on primary research in Zambia but also reflects on the promotion of wellbeing in the UK. There are three main points. 1. The need to recover a key promise of the focus on wellbeing, to move from seeing people as objects of policy to recognising them as subjects of their own lives. 2. This means understanding wellbeing as grounded in relationships, not held within the individual. A model of relational wellbeing emerging through the interaction of personal, societal and environmental structures and processes is offered. 3. Recognising people as subjects raises the question of what kind of subjects they are. The paper argues that wellbeing advocates primarily construct people as psychological subjects. The research in Zambia suggests instead that we should view people as moral subjects. This does not mean that people always get things right, but that for most people, much of the time, trying to do so matters. The paper closes by suggesting some implications of a relational approach to wellbeing for policy and practice.

## 1 Introduction<sup>1</sup>

As some of you know, my father was a Baptist minister. Although he was teaching in a theological college by the time I came along, I grew up listening to an awful lot of three point sermons. Partly as a result of this, I suspect, three has always seemed to me a kind of magic number. So there are three points I am hoping to make tonight, about what comes out of the research we have done on wellbeing.

The first point is the importance of recovering people as *subjects* of their own lives, rather than *objects* of policy. After all, what distinguishes wellbeing from other policy approaches (and however different the policies labelled 'wellbeing' may be from each other) is the emphasis on the *subjective*, or what people themselves are thinking and feeling.

The second point concerns how we think about wellbeing. Building on the model we developed here at the Centre for Development Studies, I suggest we need to move away from an emphasis on subjective or psychological wellbeing at the individual level, to relational wellbeing – an approach that sees wellbeing as grounded in relationships.

The third point brings these two issues together. If we shift from viewing people as objects to seeing them as subjects, this raises the question, what kind of subject? I am going to suggest that the dominant approach in our society – as in wellbeing – is to see people as *psychological* subjects, prioritising what people think or feel in accounts of the self. Our research in southern Africa and South Asia makes me think that instead we should regard people as *moral* subjects. This doesn't mean that people always get things right, but that – for most people - trying to get things right matters. This makes wellbeing, if you like, not so much a matter of *having* a good life, but of *living* a good life.

You could argue that the moral is a form of psychological, and I wouldn't particularly want to argue with you. What I think is critical about the moral, however, is that it is essentially relational. It is difficult even to think what being moral would mean for an isolated individual – morality is a property of relationships. This doesn't need to be relationships with other people, of course, it could be with animals or with the natural world (and I argue it needs to be with both of these) but some form of relationality needs to be at the centre of the picture.

In making these points, I am going to move back and forth a bit between the situation here in the UK, which, along with the US, has dominated recent academic thinking on wellbeing, and my own research, mainly drawing this evening on research I have done in Zambia. I'll finish the lecture with the 'so what?' question – so when we get there you know I am nearly done! The 'so what' asks what difference all this makes to policy or practice, is it anything more than some playing with words, what

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<sup>1</sup> Some thank-yous – to Geof Wood, who as the supervisor of my PhD back in the 1980s was the one to launch me on this road; to Ian Butler who as Head of Department badgered me over two years to get my professorial application into good enough order; to my students, especially the PhD students; and to all my colleagues in the Centre for Development Studies at Bath, including those who have now left to go on to other places, because the story I have to tell is very much a collective story, born out of our common struggles with and sometimes against each other (!). Thanks also to my parents, Barrie and Margaret, and to my sister, Kathryn and sons, Simon and Luther, who together with dear friends have taught me most of what I know about what matters in life.

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academics do to amuse themselves?

## 2 From Objects to Subjects

So, let's go to the first point, recovering people as *subjects* of their own lives, rather than *objects* of policy. An example might help. Figure 1 shows a typical image from international development.

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**Figure 1. Indian Widow – Development Perspective**

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Elderly widow living alone.

No schooling.

Small amount of land but no labour to farm it.

No access to state benefits.

On the margins of a marginal community.

One son remaining, the other died in early adulthood.

Totally dependent on provision from son.

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The typical picture in international development, as other forms of social policy, is that all you see is what people don't have, the deficit, the lack, the weakness. This has a perverse effect, that policy which is designed to help people also produces a kind of stigma, objects of pity, maybe, or at worst condemnation. It may be difficult for some of us to get a sense of how this might feel - imagine how it would have been if the person who introduced me had talked not of what I have been and done, but all the things I haven't! So what about a wellbeing perspective? When we start from what the woman, Sukhi, says about herself, we see a very different picture.

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**Figure 2. Indian Widow – Wellbeing Perspective**

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Happy with son's care – but has chosen to remain living separately.

Good relations with neighbours.

Content with economic position, though asked to compare her standard of living with those around her she jokes: 'I must be doing better, since they are getting benefits and I am not!'

Proud of what she has achieved, the trees she has planted, the house she has built.

Strong sense of ownership, identification with this as her place.

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What is important to note is that it is not all sunny side up. Sukhi was seriously aggrieved that she was not receiving the benefits she felt she was entitled to. And the loss of her husband and one of her sons had clearly had a major impact. So in international development at least, talking about wellbeing doesn't mean avoiding the negative stuff, but bringing in a more balanced, whole of life view. And ultimately it is about what kind of selves, what kind of persons, we represent others – and imagine ourselves – to be.

### 3 Psychological subject?

If we move from object to subject, then the next question is what kind of subject. To explore this, we need to come back to the UK and think a bit about the context in which wellbeing has come to be such a major topic of concern.

That it is a major concern is hard to dispute. We are constantly being exhorted to eat better and exercise more, to relax and cultivate mindfulness, to get out in the open air or spend time volunteering ... Some people embrace this as the sign of a new and different orientation, an emphasis on the *quality of living*, in place of the usual stress on getting and having. Others are more cynical, suggesting that mobilising volunteers or self-care is a way to mask cuts in public services, or that the stress on personal happiness distracts people from needed political change.

I think there is something to be said on both sides, but I am more interested in *why* wellbeing is so omni-present. After all, even if it is used as a way to mask austerity, you can still ask why use *wellbeing* for this, what is it about the idea of wellbeing that so resonates with people at this time? My suspicion is that the constant references to wellbeing betray an underlying anxiety that all may somehow *not* be well. That whatever wellbeing is, we (individually? As a society?) haven't got it.

I believe that this preoccupation with wellbeing is linked to major changes in the structures of society and economy that have seen the space for community – or the social more broadly - increasingly eroded by the expansion of the state and (especially) the market. This has removed many of the ties that both kept us in our place and also told us who we are. You'll be relieved to know that I haven't got time to go into this tonight – if you are interested I have a paper that makes the argument (!)<sup>2</sup> My focus here is instead on the kinds of solution that are being proposed, whether these position us as subject or object, and what kind of subject or object they make us out to be.

So what are the main solutions proposed? The main one is to consume more. But good stuff. Organic, sustainably sourced, harmony inducing, fairly traded, biodegradable. Then to regulate ourselves better – preferably by some very fancy bits of kit!

The high road is one of self-cultivation, your identity as subject confirmed by your management of self, the ability to make the right choices, including ethical choices, to produce a lean, fit, productive body, calm, agile mind and 'can do' positive attitude.

There are other solutions also, that take a more social and integrated form - spending time outside, doing things with others. These tend, however, to be a lower road, forms of rehabilitation, designed for people who cannot make it on their own.

What is interesting is the way that even the lean and happy subjects of wellbeing simultaneously become objects through the need to monitor and evaluate. And wellbeing itself becomes an object that can be charted, quantified and monitored through abstract, technical measures.

Ideally, of course, this is done – as through the Fitbit – by the individual him or herself, scoring against a range of targets and league tables, producing him or herself as data that can be uploaded –

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<sup>2</sup> [White, S.C. \(2017\) 'Relational wellbeing: re-centring the politics of happiness, policy and the self.' \*Policy and Politics\* 45 \(2\): 121-136.](#)

a legible subject, broken down into neat, statistically analysable parts.

Of course this isn't, at least in any obvious way, being forced on us, we do it to ourselves. And I am not meaning to deny that these things can help – people love their Fitbits! And my sons will tell you that I start to go crazy if I don't have a swim every couple of days... Encouraging people to be more responsible for their own self-care also makes sense when we want to lead long healthy lives and the demand for health and social care significantly outstrips supply.



Figure 3: Fitbit <https://www.cnet.com/pr 1>

But the problem comes when this is effectively only managing the problem, and not tackling the underlying issues in ways that will begin to build a lasting solution.

So if the underlying challenge of our times is the decline of the social and the encroachment of the market, then it seems to me a problem if most of our solutions focus on the individual and involve some form of commercial consumption.

Another way of putting this, is that the tools we reach for as solutions may be forged out of the same material as is generating the problem. This reminds me of the statement by Audre Lorde, in a speech entitled 'the Master's tools will never dismantle the master's house.'<sup>3</sup>

'What does it mean when the tools of a racist patriarchy are used to examine the fruits of that same patriarchy? It means that only the most narrow perimeters of change are possible and allowable'

Whether or not we think that racist patriarchy is the pressing problem, I think it is worth mulling on the second sentence, that if the solutions we propose reflect the same culture or thinking as the problems they are supposed to address, we will achieve only the very narrowest perimeters of change.

And of course these responses bring problems of their own, not least that many of them – eating organic being an obvious example – have a clear class and sometimes race bias. We are back to some of the issues that I started out with, as people are objectified and stigmatised. Being overweight, or smoking, comes to be seen not just as unhealthy, but also a *moral* failure. And poorer people, and people in poorer parts of the country, experience more of the ills and have less access to the remedies, which results in exacerbating health inequalities.

For all the emphasis on the body in images of wellbeing, our dominant model of the person is of *psychological* subjects, people whose true selves reside in their thoughts and emotions. This is a trend that has been developing in the UK since at least the early C20, as a fascinating book by Mathew Thomson sets out<sup>4</sup>. But as time goes on the shape it takes also changes, from a more social, spiritual and ethical vision in the early C20 to one that is much more neurological and physiological in

<sup>3</sup> Lorde, A. (1984/2007) *Sister Outsider*. Essays and Speeches by Audre Lorde. New York: the Crossing Press, pp 110-1.

<sup>4</sup> Thomson, M. (2006) *Psychological Subjects: Identity, Culture and Health in Twentieth Century Britain*. Oxford: OUP.



its focus.

One way that we might think of this is as a shift from an arts/humanities approach to psychology to a technical one that looks to science. This, again, tends to be objectifying. We have moved, it seems, from 'the leg in bed nine' of the bad old days of clinical practice, to 'the brain in image 541'! And again, I am not intending to say that all this is bad. There is clearly much to be learned through neurological analysis. But when we find it difficult to think of ourselves in other than technical terms, and when we generalise these ways of thinking as the truth about human being that holds for all times and places, when we stop recognising that this is one, culturally specific way of looking at people, that has its limitations as well as its strengths, then I think we have a problem.

## 4 The World Bank

To give you an idea of one aspect of what that problem might be, I'll take you back, if I may, to international development. In 2015 the World Bank discovered psychology! Or at least the version of it that comes through behavioural economics.

This stems – as the picture shows – from the insight that people don't actually behave in the ways that economists expected them to behave – who'd have thought it! So small prompts – sweets by the cashier – lead systematically to bad choices – buying sweets when you came to the shop for cabbage – as we are far less in control, and far less rational – in the sense of doing what would be in our 'true' best interests – than we like to think of ourselves.

When the WB brings this thinking into international development, it has a number of effects.

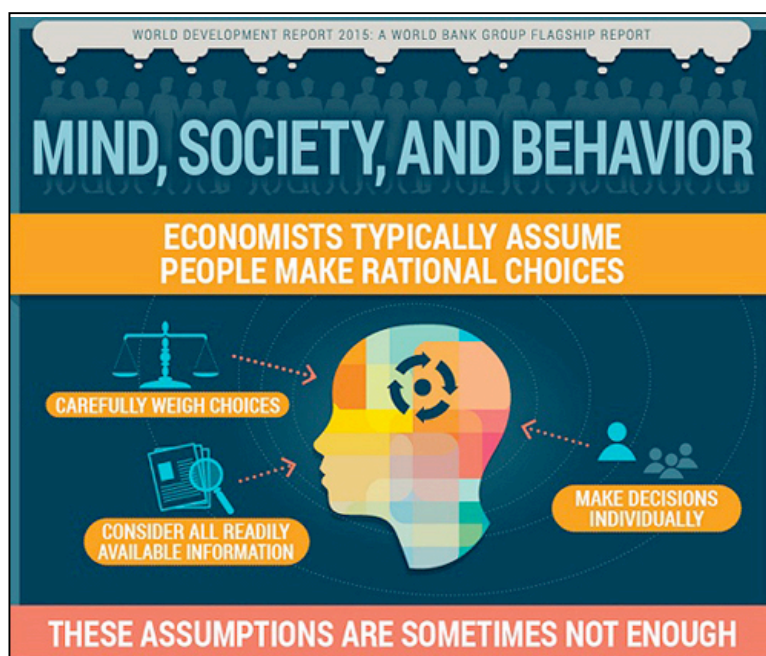


Figure 4: World Development Report 2015

1. First, it introduces a new kind of deficit – a psychological one. So in addition to being poor and socially disadvantaged, people are now also unable to think straight – they lack the 'band-width' (notice the use of a technical term to describe a human characteristic) to make good decisions because they are too busy worrying about their economic situation.
2. This of course justifies intervention – full bellies know better than empty ones – in the familiar paternalism we recognise from colonialism.
3. This way of thinking also strips away all notions of culture or social difference or the politics of perspective. The 'we' of behavioural economics is universal and magisterial, it is a classic 'view from nowhere', so criticised in feminist and anti-racist scholarship.
4. It also erases the political, and smuggles in a new myth about development. Development problems, it seems, are all down to poor people making bad choices.
5. It talks about individuals, but stripping away the families or communities or patronage networks within which real people live

6. These then aren't real individual subjects – just the familiar deficit objects, dressed in new-fangled psychological guise. Instead of being located in their own social and geographic context, these so-called individuals are defined by a different relationship, the relationship to the policy that identifies them as targets.

Let me be clear here. I am not denying the insights of behavioural economics – it is clear that people are far more susceptible to influence than we imagine, and the autonomous individual that our culture likes to promote is simply a myth. What I am drawing attention to is the way that models of the psychological subject can easily lend their weight towards reinforcing existing hierarchies of power, and the way they may smuggle in underlying models of human being, which I think are impoverished in many different ways.

## 5 Relational wellbeing

If we are going to recognise people as subjects of their own lives, rather than objects of our philanthropic or critical gaze, we need a better model of wellbeing. We need to resist the reduction of wellbeing to just subjective wellbeing and the reduction of subjective wellbeing to a measures of life satisfaction or emotional balance or abstracted items to be scored on a Likert scale.

Asked about wellbeing – or what makes life good – people in our research invariably talked first of 'having enough', not as just as individuals, but rather to *care* – to feed the family, to get the kids through school – and to *share* with others in need. The need for a basic level of welfare is true for us too, of course – it is only those of us who enjoy relative affluence who can afford to take this for granted.

Relationships feature in two ways. First, wellbeing is understood as intrinsically relational, as people identify wellbeing in collective terms, invariably talking of lives shared with others. This often goes beyond the immediate family to broader kin and community relations. Second, relationships figure as the means through which people get what they need. Think back to Sukhi, the Indian woman whose image I showed earlier. She depended critically on her relationships, particularly with her son and daughter-in-law, but to a degree also her neighbours. When we asked if she knew anyone of influence she said she did not. She had in fact repeatedly petitioned local officers to give her access to benefits, but because they refused to help her, she didn't count them as people she 'knew'.

This emphasis on the material and the relational dimensions of wellbeing, in addition to the subjective is something that came out strongly from the first research on wellbeing that we undertook at the Centre for Development Studies: the Wellbeing in Developing Countries programme, or WeD. The simplest way to express this was a triangle. This resists the tendency to separate out the different aspects of wellbeing – material in one bag, relational in another, subjective in another – and shows instead how they are all interdependent, intimately connected to one another.

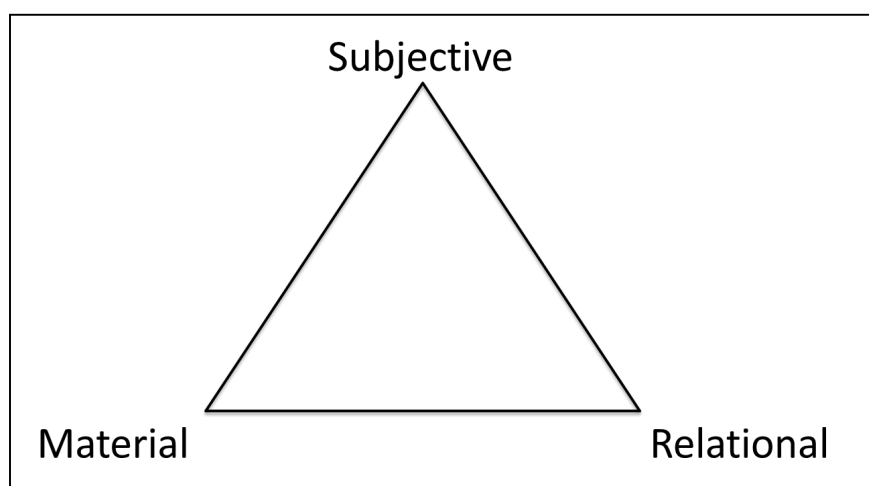


Figure 5: Wellbeing in Developing Countries (WeD) Approach to Wellbeing



The trouble with this image is that it is very static. It cannot capture the ebb and flow of wellbeing over time, or the shifting dynamics between the different dimensions.

For a relational approach to wellbeing we need an image that can capture better a sense of movement, the energy and dynamism of a dance as different elements interact with one another and are transformed through their interaction. This is what is conveyed in the image that was used to publicise this talk. The picture (figure 6.) shows a pre-wedding celebration, a dance in which different women friends take turns to carry the bride about. Most obviously it shows lots of smiles, which are perhaps the most widely recognised and cross-culturally validated indicators of wellbeing. But more importantly it shows people celebrating together, sharing an occasion which itself generates a sense of wellbeing. This suggests wellbeing as a kind of energy that emerges through relationship, rather than being something held within individuals. Something that is engendered in and through the dance, rather than belonging to the individual dancers.



Figure 6: Wedding in Chhattisgarh, India. Credit Shreya Jha

The new image (figure 7. Thanks to my son Simon for the beautiful design) aims to express this. It presents the inter-relations between personal structures and processes – individuals' personal histories and changing relations within themselves over time and interaction with others; societal structures and processes – the organisation of the economy, the forms of policy and politics and culture; and environmental structures and processes. While these are interconnected, they are not completely determined by each other, but all also have some degree of relative autonomy. That is what the extra loops are intended to show. Much of what happens in the environment, for example, is affected by human action, but there are some dynamics of ecosystems that depend simply on natural processes. I'll use an example from recent research in Zambia to give some idea of how this all works in practice.

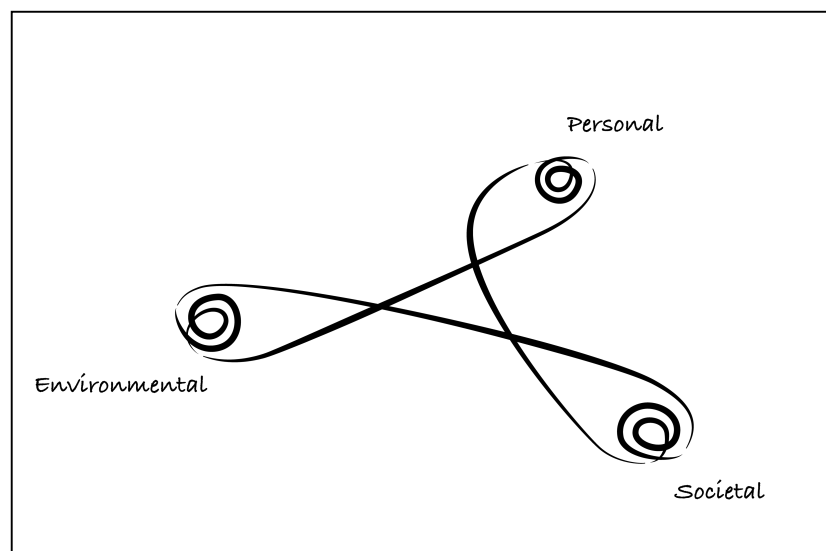


Figure 7: Relational Wellbeing

## 6 A Moral Subject

I've now got to the third point, the issue of the moral subject. This comes out of our experience in doing research on wellbeing in two marginalised communities, one in India and one in Zambia, 2010-2014. It was a mixed method project, involving a survey and interview-based case studies. The field research was led by Shreya Jha, who has written her PhD thesis on the Indian data. Shreya is an excellent researcher, and I am heavily indebted to her in many ways, including for carrying out most of the interviews. She was supported by 3-4 local peer researchers who were critical to enabling us to understand the local context, as well as helping carry out the survey and working as interpreters.

We did two rounds of fieldwork of four months each in both communities. The area where we worked in Zambia was called Chiawa. The research involved surveys with an average of 390 people in each round plus 46 life history case studies. Survey respondents were adult household heads, male and female, with each partner surveyed separately. 25 per cent of our sample were households headed by divorced or widowed women since such women generally face particular social and economic challenges.

Our schooling in the wellbeing literature meant that we were eager to understand people's subjective experience, their thoughts and especially emotions. This wasn't straightforward, because people clearly weren't used to presenting themselves – or maybe even thinking of themselves – in these ways. For example, during grounding and piloting in India we were trying to develop a question that would capture the quality of care people felt they received in their families. The woman we were talking to responded in three ways. First, she said she always worries about her husband going to another village and that he will drink there and maybe fall down and what will happen to him. If her husband was at home then she would have cooked for him and fed him and known he was safe, but if he is out then she worries about him and can't sleep. Second, she said she was married in front of several people. Finally – and in some exasperation with us – she said surely he loves her since they have been living together so long and have had five children together!

We found the same pattern in the interviews. Perhaps most commonly, people would respond to questions about their thoughts and emotions by referring instead to the material and/or relational. This happened even when the context seemed to us a clearly emotional one. For example, after a woman in Chiawa described how happy she was in her early married life, it emerged that her husband was then working in a safari lodge, meaning he was away for at least a month at a time. When asked whether she found this hard, she robustly returned to the material:

'I was happy because I knew that he was out there looking for money that was going to help us.'<sup>5</sup>

Another woman divorced her husband after many years of suffering his infidelities and lack of support. Asked whether it was hard to leave him, she referred to his failure to provide: 'I didn't even have a *chitenge*<sup>6</sup>! I would do odd jobs for me to get one.' This doesn't mean, of course, that emotions do not matter or aren't as much of their experience as they are part of ours. But they aren't talked of in the same way. People index the emotional as they talk of the material. And the material and emotional are closely intertwined. Love is expressed in providing.

Frustrating as it was for a wellbeing researcher, it was clear that people were resisting our invitation to present themselves as the psychological subjects that most of the wellbeing literature assumes. The question was, how were they presenting themselves? Being good sociologists, we saw them first as social subjects. This was also what we had come to expect through WeD. As we listened more

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<sup>5</sup> Interview, ZS3803, 14/9/10.

<sup>6</sup> A cloth women wear over trousers or skirts, which signifies modesty.

carefully, however, especially during analysis and writing up, it became clear that they were actually presenting themselves, rather, as *moral* subjects. This was most obvious in people's repeated references to God or faith, especially when we asked how they cope with daily struggles, what gives them the strength to carry on. But it was not limited to this. It was rather the dominant melody through which they present their lives as variations. Wellbeing, essentially enwound as it is with responsibility to and for others, was above all a moral concept. The selves which people presented through their narratives, were above all moral selves. This does not mean that they always get things right, but that trying to do so – and being seen to do so - mattered.

## 6 Thomas

To explain a bit more what it means to take a relational approach to wellbeing and what it means to be a moral subject I am going to concentrate on one particular person, Thomas. Thomas is someone for whom things have a habit of going wrong. His wife sometimes wonders if he was just born unlucky, or if someone might have put a bad spell on him. At other times she brushes such thoughts aside, telling herself that the bad times are now past and done. When we met him Thomas was in his early thirties, with three children under seven.

We'll start with the personal processes. Thomas had a difficult childhood, spending ten years in his uncle's household so he could go to school there, but undergoing cruel and exploitative treatment by his aunt. Rather than go on to professional training he settled back home in Chiawa and got a job in a safari lodge. By his mid 20s he was happily married, supporting his younger siblings at school and all seemed well.

Then, however, disaster struck. There was a robbery at Thomas's work and he was accused and arrested. Although there was no evidence against him and the people who did the job said he had not been involved, Thomas was kept in prison waiting for the case to come to court. Conditions inside were dire, with severe over-crowding, filth, lice, shortage of food and lack of toilet and washing facilities. The family had to sell the supplies of concrete and tin they had saved to build a new house. They had no idea when the case would be heard or what the outcome would be.

In the event Thomas was released after a year. His case didn't come to court so he was discharged, not acquitted. Both he and his wife describe the time of his release as a dream-time, hardly daring to believe that he was, as she puts it, 'a real person' again.

Thomas very clearly presents himself as a moral subject, but the way he does this is far from simple. It is as though there is a struggle between two alternate narratives, which appear in many ways contradictory, but nonetheless coexist and perhaps at some level depend on each other.<sup>7</sup> The first is a 'high' narrative of moral action, crafted through Biblical themes of Christ's sacrifice and forgiving your neighbour 'seventy times seven':

'When I was out of prison, people used to say, no, do something, when these people are out, at least you must do something. You were treated unfairly. I said, well, only God is the one who can judge.'

This is linked with a recognition of human frailty: 'Because I know I can make a mistake, somebody else can make a mistake.' It is also intertwined with more local ethics of kinship and common belonging. So Thomas says that he is now 'good friends' with the man who set him up, that he never confronted him with what he had done, and has forgiven him. As the man is his father's cousin, he explains, they should just move on.

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<sup>7</sup> I am thinking here of Veena Das' (2000:222) suggestion that one may think of 'outward criteria and inner states, body and soul..... as lining each other, of having a relation in which they are next to each other but joined as legislation and transgression are joined.' Das, V. (2000) 'The act of witnessing. Violence, poisonous knowledge and subjectivity.' Pp 205-225 in V. Das, A. Kleinman, M. Ramphela, and P Reynolds (ed) *Violence and Subjectivity*, Berkeley and London, University of California Press.

This high narrative is where Thomas likes to be. It offers a place of safety and gratification, reflecting his preferred idea of himself. He describes at length, for example, his sympathy for other prisoners, and how he gave of his own food to those who had nothing. He refers to his faith as a Jehovah's Witness and draws extensively on Biblical texts. For those familiar with psychodynamic perspectives, this script appears quite 'parental', and this is reinforced by it being identified with his mother who he describes as exhorting him to share food with his cellmates. He also links this personal narrative to a broader social one, suggesting that if more people thought like him they would be living in a good community where no-one would suffer hunger, no child be unable to go to school, no ill person be too poor to go to hospital, and everyone would be able to enjoy good quality housing. Higher morality in personal relations, in short, would bring about improved welfare and economic development.

The second narrative is much more tentative and fragmented. As with the positive assertions of moral virtue, this second narrative also presents a moral self, but this time one of faltering and self-doubt. Its primary focus is Thomas' anxiety that he will be unable to provide adequately for his family, and his fear of personal failure. The uncertainty he feels about himself also extends to others. While the picture of strong, positive relations dominates his interviews, in more everyday conversation Thomas repeatedly states that the only person he trusts is his wife. Challenged on this inconsistency, he explains the provisional nature of his trust:

'Whatever is today, I trust in that, but I don't know what tomorrow brings. So, I can look at a person and say, "We've forgiven each other," but I don't know what he has in his heart.'

It is easy to attribute this second narrative of uncertainty and fear of deceit to the deep personal harm that Thomas has suffered, and this is clearly a significant part of the story. This would keep it within the personal processes node. But the interviews with other people too are full of references to 'jealousy' and harmful gossip, suggesting that the pattern of conditional trust may be broader-based. The social is extremely strong in Chiawa, with a large number of people linked through kinship. As we've seen, this sense of underlying ties can temper conflicts and encourage reconciliation. But close ties also mean multiple claims and expectations that can be difficult to honour, especially in a context of general scarcity. The phrase 'you never know what is in people's hearts' is a very common one, and hints at the threat of witchcraft. The frequency of witchcraft allegations shows the ambivalence of relationships even amongst close kin<sup>8</sup>. It is important to note that, while witchcraft tends to be seen as 'traditional' Africa, both historical and anthropological evidence shows that the frequency of witchcraft accusations fluctuates, and these rise in times of social transition and economic change<sup>9</sup>.

This uncertainty in personal relations also mirrors the precarity of Thomas's household economy. This similarity is not coincidental - social ties provide the primary means to assemble a livelihood. Without a salaried job Thomas cannot himself provide enough to feed and educate his family, but depends on the help of his others to keep his siblings in school. Unfortunately, this precarity is not particular to Thomas, but reflects the uneasy post-colonial settlement within Chiawa as a whole. So now we come to the societal dimension.

Some of the land comes under long established private plantations. The rest was customary land, held by the chieftainess on behalf of her people. However, in 1995 a land act was passed which gave the chieftainess power to allow customary land to be privatised for the purposes of development. Virtually all the best land along the river is now owned by (outsider run) safari lodges, except for that

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<sup>8</sup> P. Geschiere, *Witchcraft, Intimacy and Trust. Africa in Comparison*. (Chicago/ London: University of Chicago Press, 2013).

<sup>9</sup> See e.g. K. Thomas, (1971) *Religion and the Decline of Magic*. London: Widenfeld and Nicolson; Comaroff, J and Comaroff, J. (1993) (eds) *Modernity and its Malcontents: ritual and power in post-colonial Africa*. Chicago: University of Chicago Press.

still held by the chieftainess herself. The lodges provide some local employment, but mainly at low wages, with little or no security. Other land is also being sold for new plantations, sometimes without those who farm the land even being notified. Local people's already difficult livelihoods are thus being further threatened. While traditionally the chief governs along with the advice of the royal family, power has become increasingly concentrated, as she refers primarily to a small elite group. The societal context thus provides neither the security of modern independent state systems – or even a fully functioning open market – nor the guardianship built into traditional understandings of power.

Coming now to the environmental processes, we can see that Thomas' economic precarity is underscored by the risks of their natural environment, on which they depend for their livelihoods but which also constitutes great danger. Chiawa is on the edge of a national park, and the number of wild animals has been increasing. Like other villagers, in search of wood for fuel Thomas has to go into the bush, risking an encounter with an elephant or buffalo. To make some income he goes fishing over night, facing the danger of attack by crocodiles. The animals also make farming hazardous, as one night's trampling by an elephant or hippo can destroy a whole season's crop. This engenders a deep sense of insecurity. As Thomas explains:

'It's just a game of win and lose. This year maybe there are not so many elephants, we are lucky. And this year there are so many elephants, you lose.'

These characteristics of the environment are not natural, of course, but again rooted in society and politics. The incursion of increasing privatisation means both people and animals are crowded into ever smaller patches of land. As land is fenced off by lodges or plantations, it not only removes potential for crops, but also disturbs animals' traditional routes to sources of water, bringing them closer to the villages. While some profiteer, both people and environment are under threat.

I explained earlier how Thomas' projection of a moral self flickers between a strong, confident voice and one filled with distrust and fear of failure. This is mirrored in a further uncertainty about what rules apply, about the nature of the moral universe. On the one hand, as I have already said, Thomas relates his moral behaviour explicitly back to Christian codes and teachings. On the other he describes a crisis in his faith which he has not overcome. When nothing happened after he prayed in prison for God's help, he asked his mother in desperation to go to the witch doctors to see if there was anything that they might be able to do for him. References to God and witchcraft are evenly balanced in Thomas's interviews. In his everyday conversations, witchcraft was far more prominent. While Christianity still resonates strongly with him, he also believes in the power of witchcraft and sees it as having had a significant part to play in his own story. Along with his uncertainty about his ability to do the right thing, the attraction and resistance around faith, God and witchcraft are still unresolved in him.

## **7      So What?**

So what does this mean for us, and what are the broader implications of taking a relational wellbeing approach?

The first is to shift from objectifying people to recognising them as moral subjects, with a critical relational dimension. If we took this seriously, I believe, it would have major implications both for the kinds of policies we pursue and the way we do policy, working with and not on people, making it a priority to accord everybody dignity and respect. This would also have implications for the kinds of methods we use to demonstrate success, resisting the view that only numbers count.

The inclusion of societal (including political!) and environmental processes in the model of wellbeing makes clear that it is not all about the individual, and while individual processes are important, we need to look to other issues – such as the role of big business in promoting food that makes us sick – if we want seriously to tackle the wellbeing deficit. This work with its micro focus therefore clearly

complements other work being done at Bath, into the commercial determinants of ill health.



Figure 8: Bromley by Bow Campus

In this lecture I have concentrated mostly on the question of the moral subject at a personal level. Casting wellbeing as a moral issue, however, also turns our attention beyond the nodes in themselves, to the relations between them. What are the terms on which personal, societal and environmental processes are engaged with one another? Where do dynamics complement one another, and where do they contradict? Where are areas of resistance or critical tipping points? The morality of wellbeing ultimately concerns the system as a whole, and the extent to which the flows and interactions it engenders tend to produce or undermine wellbeing.

Taking a relational approach to wellbeing means looking for interventions with multiplier effects, the potential to generate further positive outcomes – to continue the dance. There are some examples of these around.

As figure 8 shows, Bromley By Bow is a health partnership that takes seriously the idea of working beyond silos in promoting wellbeing<sup>10</sup>. Figure 9 on the following page shows a group of gardeners from BBB, who again demonstrate relational wellbeing – working with plants and soil and enjoying one another's company.

<sup>10</sup> Thanks to Dan Hopewell, Bromley by Bow, for figures 8 and 9.





**Figure 9: Bromley by Bow Gardeners**

I have been talking about – personal unhappiness and illness linked to social inequalities and other ills resulting in high levels of consumption of prescription drugs resulting in contamination of the water supply.

Such examples show, I think, the value and importance of taking a relational approach to wellbeing, even though they have developed through quite different trajectories. But what is the point of looking at a rural area in Zambia?

The first point, I guess, is the value of understanding the struggles other people face, especially struggles that historically we have some part in creating, and standing with them in solidarity where we can.

The second is that understanding how people in other places see things provides a mirror which questions our own default understandings, and particularly our academic constructions, which often capture only a very partial aspect of reality, even in our own society.

The way that people in Chiawa intertwine the material and relational, ‘stuff’ and love or enmity, questions both the priority we give to thoughts and feelings in our thinking about wellbeing, and the ways we think about relationships.

The priority people in Chiawa give to their identity as moral selves also questions the ‘thinness’ of our constructions of wellbeing, which see it either in terms of happiness or of mental health. The dark side of this moralising also draws attention to social processes of othering and stigmatising, and should make us more conscious of the dangers of this in our own society and policy.

Since first going to Bangladesh to do fieldwork for my PhD, I have been tremendously privileged to have been able to spend some of my time with people in other parts of the world who see some things quite differently to our society’s defaults. What is important is not whether they are right and we are wrong, or vice versa. We are all forged in relation to a particular context and our perspectives share both the particular insights that this affords and its particular blindspots. The point is that there is difference, that our way, with all its scientific language and technical sophistication and quantifiable evidence, is not the only way, is not the one truth. We are not alone in the universe, and for all that international development assumes that we have much to teach other people, the fact is that the most important thing is not for us to talk but for us to listen. And to listen long and well enough, to get our ears in to their particular accents and cadences, that we are actually able to hear

Nearer to Bath, in Frome, it was recently reported that emergency hospital admissions were down by 17% over three years after a programme of ‘health connectors’ brought ill and lonely people into social contact. Over the same period emergency hospital admissions in Somerset as a whole increased by 29%.<sup>11</sup>

Here in the University of Bath, researchers are working with Wessex Water on a project that springs from exactly the interactions

<sup>11</sup> [Monbiot, G. \(2018\) ‘The town that’s found a potent cure for illness – community.’ The Guardian, 21 February.](#)

what others are saying in something like their own terms, rather than immediately translating it back to our own.

We have a problem with wellbeing in the UK, and they have problems with wellbeing in Chiawa. The problems are in some ways different, and in some ways the same. The hope must be that in sitting down together and really listening to one another we will each be able to reflect differently on our own experience and begin to chart a different course, one that leads us away from the rocks where we are continuously getting shipwrecked, and takes us out instead into open water.



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